DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY [signature] DATE 3/4/84

RDS[ ]or XDJ[ ]EXT. DATE _____
TS AUTH. _____ REASON(S) _____
ENDORSE EXISTING MARKINGS [ ]
DECLASSIFIED[ ] RELEASABLE[✓]
RELEASE DENIED[ ]
PA or FOI EXEMPTIONS _____